

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

CITY OF YONKERS  
COIN-OPERATED  
AMUSEMENT DEVICE  
LICENSE APPLICATION

Phone: 914-377-6808  
Fax: 914-377-6811  
Website:  
www.YonkersNY.gov

## INSTRUCTIONS FOR USING THIS FORM

### Please Note:

**If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.**

### Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
3. Owner Consent form must be completed if the applicant is not the owner of the property.
4. The Department of Housing and Buildings must inspect the premises prior to licensing. Please submit a separate payment in the amount of \$25, payable to the Department of Housing and Buildings, with the enclosed application.
5. The Department of Housing and Buildings will also make a determination as to the number of amusement devices that will be allowed on the premises, based on applicable zoning law.
6. The license fee is \$100 per device. When your application has been approved by the Department of Housing and Buildings, we will notify you as to the number of devices for which the license will be issued and the appropriate fee.

## LICENSING FEES AND EXPIRATION DATE

**\$100.00/device**      License expires March 31st following date of issuance.

### NAME OF OWNER/PARTNERS/MEMBERS OF CORPORATION

NAME (if Corporate Officer, please note title)	RESIDENTIAL ADDRESS	PHONE #

Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director

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**Video Game**

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

**THIS PAGE IS TO BE COMPLETED BY OWNER OF DEVICE(S):**

**PERSONAL INFORMATION:**

Name:	Social Security #:			
Home Address:				
City:	State:		Zip:	
Home Phone #:	Cell #:	E-mail:		
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #				

**BUSINESS INFORMATION:**

Name of Company:		
DBA/Trade or Display Name (If same name, enter N/A):		
Address:	State:	Zip:
Telephone:	E-mail:	
If incorporated, name of corporation:		
State in which corporation organized:	Date of Corporation:	

License #: _____	Date Issued: _____
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Philip A. Amicone, Mayor  
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<b>LOCATION INFORMATION:</b>		
Name of business at which devices are to be placed:		
Address:	Yonkers, NY	Zip Code:
Name of Owner:		
Home Address:		
City:	State:	Zip:
Phone Number:	Cell Phone Number:	
Type of Business:		
Is premises owned or leased by applicant?		
Please note, if applicant is not owner of the property, the attached Owner Consent form must be completed.		
Number of devices for which application is made:		
List below the name(s) and serial number(s) of devices:		

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I, \_\_\_\_\_, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature/Date: \_\_\_\_\_ Print name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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**Hold Harmless Clause**

This "Hold Harmless Clause" must be signed by an officer of your organization, dated and witnessed.

The Vendor agrees to protect, defend, indemnify and hold the City of Yonkers, et al and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers, et al arising in favor of any party, included in claims, liens, debts, personal injuries, including employees, of the City of Yonkers, et al, death or damages to property (including property of the City of Yonkers, et al) and without limitations by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with or arising directly or indirectly out of the said agreement.

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Witness***

\_\_\_\_\_  
***Dated***

\_\_\_\_\_  
***Dated***

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Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director

**Owner's Affidavit of Consent to Operate a Coin Operated Amusement Device(s)**

IN THE MATTER OF: \_\_\_\_\_,  
(Name of Applicant)

APPLICANT FOR A LICENSE TO OPERATE A Coin Operated Amusement Device  
AT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) :SS

I, \_\_\_\_\_, being duly sworn depose  
and say that:

\_\_\_\_\_ is the owner/lessee of the  
land and improvement located at the address named above where the coin operated  
music device is to be operated. The deponent individually, as such owner, or on be-  
half of said corporation as its duly authorized officer and managing agent, hereby con-  
sents that the applicant named above may maintain a coin operated amusement de-  
vice, until said consent is terminated in writing and a copy of such termination is trans-  
mitted by certified mail, return receipt requested, to the Consumer Protection Bureau.

Deponent warrants that he or she is authorized to make this affidavit and the state-  
ments and representations contained herein.

\_\_\_\_\_  
(Signature)

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
NOTARY